



Department of Medical Assistance Services
600 East Broad Street, Suite 1300
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www.dmas.virginia.gov

MEDICAID MEMO

TO: All Outpatient Psychiatric, Outpatient Rehabilitation [including Comprehensive Outpatient Rehabilitation (CORF)], Durable Medical Equipment (DME), Orthotic, Home Health, Physicians, and Non-Emergency MRI, PET, and CAT Scan, Service Providers, and Managed Care Organizations Participating in the Virginia Medical Assistance Programs

FROM: Patrick W. Finnerty, Director
Department of Medical Assistance Services

MEMO: Special

DATE: 10/19/2007

SUBJECT: Updates and Clarification of the Prior Authorization Process for Outpatient Services

The purpose of this memorandum is to provide updated information regarding the prior authorization (PA) process with Virginia Medicaid's PA contractor, Keystone Peer Review Organization (KePRO) for Medicaid (FAMIS) Fee-for-Service.

Providers are adapting well and have provided positive feedback regarding the use of the iEXCHANGE system, KePRO's web based portal, to make requests for outpatient services. In order to expedite the processing of all requests via any media type, please review the following suggestions, which have been identified as the most common reasons for delay in processing prior authorization requests.

- For all requests, please remember to complete locator number 13 on the DMAS 363 (Request for Outpatient Services). This is an essential element, critical to processing requests. If this is not provided, KePRO must place the request in a "research queue" and determine what type of service is being requested. This takes time and delays the review of the request.

The following PA Service Types must be used to expedite your outpatient request:

- ✧ Outpatient Psychotherapy – 0050
- ✧ Orthotics (EPSDT) – 0092
- ✧ Outpatient Rehabilitation – 0204
- ✧ Home Health – 0500
- ✧ NEOP (non-emergent outpatient scans)
 - Magnetic Resonance Imaging (MRI) – 0450
 - Computerized Axial Tomography (CAT) – 0451
 - Positron Emission Tomography (PET) – 0452
- For all requests, please include a contact person and phone number from your agency or facility so that KePRO can contact you with questions. There may be a minor piece of information that can

be cleared up quickly with a phone call. Include your fax number on all submissions, including iEXCHANGE so that we can get all notices and requests for additional information to you.

- When calling in a request, please be prepared by having all necessary information in front of you; this will minimize or eliminate long periods of time holding for information.
- To prevent illegible requests, providers are encouraged to use the editable versions of the DMAS 363 (Outpatient Prior Authorization Request Form) for submission of your outpatient requests. This form and instructions for use are located under “forms” on KePRO’s website <http://dmas.kepro.org>.
- When submitting requests for Outpatient Psychotherapy, include goals and objectives, the plan of care, the date the plan of care was last updated and signed, the frequency of visits required and the duration of treatment expected. If this is a concurrent review, a report of progress relating to the last five sessions is also needed.
- For Durable Medical Equipment and Supplies (DME) providers, Appendix B in the DME Provider Manual has been revised and Chapters 4, 6, and Appendix D will soon be released with revisions. Please reference the memo “Update to Second Edition of the Durable Medical Equipment and Supplies Provider Manual”, dated August 30, 2007 for details and be sure to review upcoming memos for changes. Please have a completed CMN that has been signed and dated. When submitting a request via telephone include in the clinical information the date the CMN was signed and the begin date indicated on the CMN.
- Remember timeliness guidelines and be sure to submit requests **prior** to rendering services. Untimely submission could cause a denial of part or all of the service requested.
- Clearly indicate whether the submitted request is an “initial”, “recertification” or “change” request or cancellation of a request. If a “change” is needed, please note the corresponding PA# on the request.
- Do not send duplicate requests via multiple faxes, iEXCHANGE, etc. unless specifically instructed by KePRO to re-send. This will delay the review process.

Resource Information

- Use the DMAS 363 (Outpatient Prior Authorization Request Form) for submitting outpatient requests. This form and the instructions for using the form are located under “forms” on KePRO’s website <http://dmas.kepro.org> or www.dmas.virginia.gov/pr-prior_authorization.htm.
- Should you have any questions regarding the prior authorization process, please send your inquiries via e-mail to providerissues@kepro.org or PAUR06@dmas.virginia.gov. Remember do not send PHI by e-mail unless it is sent via a secure encrypted e-mail submission.
- All other Medicaid provider issues not related to prior authorization should be addressed through the Provider Helpline. The numbers are 1-800-552-8627 if you are located out-of-state or 804-786-6273 if you are located in Richmond. When accessing the Provider Helpline, it is helpful to have your NPI number, API number, or a valid Legacy ID number.

KePRO Contact Information

You may contact KePRO through the following methods:

iEXCHANGE: <http://dmas.kepro.org/>

Toll Free Phone: 1-888-VAPAUTH (1-888-827-2884)

Local Phone: (804) 622-8900

Fax: 1-877-OKBYFAX (1-877-652-9329)

Mail: 2810 N. Parham Road, Suite 305,
Richmond, VA 23294

Provider Issues: ProviderIssues@kepro.org

DMAS and KePRO Website Resources

The following resources are available on the DMAS and KePRO websites:

1. iEXCHANGE Registration information
2. ICD9 diagnosis codes, outpatient rehab and home health revenue codes, and radiological scan procedure codes
3. Recent PA provider training presentations
4. Prior Medicaid Memos
5. PA Fax Request Forms and Instructions
6. PA Reference Guides
7. KePRO “Insider” Provider newsletter

Alternate Methods to Obtain PA, Eligibility and Claims Status Information

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access prior authorization information including status via iEXCHANGE at <http://dmas.kepro.org/>.

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov. Refer to the “DMAS Content Menu” column on the left-hand side of the DMAS web page for the “Provider Services” link, which takes you to the “Manuals, Memos and Communications” link. This link opens up a page that contains all of the various communications to providers, including Provider Manuals and Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates that are requested.

PROVIDER E-NEWSLETTER SIGN-UP

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at: www.dmas.virginia.gov/pr-enewsletter.asp.

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.